

Dislocated Worker Program Services
An Equal Opportunity Employer/Program

What is the Dislocated Worker Program?

The Dislocated Worker Program is an employment program. The goal of the program is to help people obtain employment in positions comparable to their customary work. Fees are not charged for services. A variety of agencies throughout Minnesota are contracted by the state to deliver services.

Who is eligible?

The Dislocated Worker Program is offered to people who are permanently separated from employment. It includes, but is not limited to the following:

Unemployed due to mass layoffs and business closings.

Unemployed due to no fault of their own and have a long term attachment to the labor force.

Former self-employed people who went out of business due to economic conditions or natural disaster.

What is the process for obtaining these services?

The first step is to fill out an eligibility questionnaire. Eligibility for the Dislocated Worker Program can be complicated. Don't try to guess whether you may be eligible. If you are permanently separated from employment, fill out the form and it will be reviewed.

After the preliminary eligibility review, applicants who appear to qualify are invited to an orientation. The orientation consists of an outline of additional information about the program, starting the enrollment process, and initial assessments which may include testing in math and reading.

A final eligibility review is done and referral is made for assignment to a counselor. The counselor scheduled an appointment.

Program Services

Assessment and Planning Services: Each person who participates in the program works on a one-to-one basis with a counselor. An assessment is made of the individual's qualifications and job goals. Labor market trends are examined. The employment potential for possible training programs is assessed. Then, based on program resources, a service plan is established.

Training: Training may be provided to update skills in the individual's employment field. Basic education may be provided to improve reading, writing, math, and English skills, or to earn a GED. Training is of short duration and funds are limited. Training must be pre-approved by a Dislocated Worker Program Counselor in order to be reimbursed.

Support Services: to provide information and referral to agencies that provide other support needed to achieve employment and training goals.

These services are only offered to Dislocated Workers. Auxiliary aids and services are available upon request for people with disabilities.

Please complete the attached form and return to:

Dislocated Worker Program

4220 West Old Shakopee Road

Suite 100

Bloomington, MN 55437 or fax to: 952-346-4042 (TTY: 952/346-4043)

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Dislocated Worker Program Eligibility Questionnaire

Name: _____ Social Security # _____

Address: _____ City: _____ Zip: _____

Phone: _____ Highest Grade Completed: _____ Birth date: _____

Have you filed an Unemployment Claim? Yes No If yes, Date filed: _____

Are you a Veteran? Yes No

Are you the spouse or surviving spouse of an active duty military service member or veteran? Yes No

Do you belong to a union that refers you to jobs? Yes No

Do you plan to retire within a year? Yes No

Have you participated with the **Dislocated Worker Program** in the past? Yes No

If yes: What Agency? _____ Counselor name: _____

Dates of participation: from _____ to _____

List your work history for the last three years

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

___ Permanent Layoff ___ Seasonal/Temp Layoff ___ Quit ___ Fired ___ Other _____

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

___ Permanent Layoff ___ Seasonal/Temp Layoff ___ Quit ___ Fired ___ Other _____

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

___ Permanent Layoff ___ Seasonal/Temp Layoff ___ Quit ___ Fired ___ Other _____

If needed, additional jobs may be listed on a separate piece of paper.

Will you be called back to your last employer? Yes No

Was your last job less than 20 hours per week? Yes No

Were you self-employed in your last job? Yes No

Was your last employer a temporary agency or a contract house? Yes No

Were you laid off from your last job due to a permanent business or office/plant closing? Yes No

Were you laid off from your last job due to a layoff of more than 50 people (within a 30 day Period)? Yes No

What is your primary or usual occupation? _____

How long have you worked in your primary occupation? _____

Which of the following factors will make it difficult or unlikely that you will return to your primary occupation?

___ Age. ___ No high school diploma or GED. ___ Lack of licensing or certification to work in current occupation.

___ Inadequate technical training. Skills still in demand, if updated. ___ Training or skills obsolete due to technology.

___ Skills unique or specialized to a particular work setting. Skills of little value to local job market.

At this time I can be best helped with: ___ Job Seeking Assistance. ___ Training,

Authorization:

I, _____ Authorize the Department of Employment and Economic Development and the county service providers to share information in order to determine eligibility for services under Title 1. I understand this authorization will expire one year from the date of signature on this form or at the completion of my participation in the program including follow-up time.

Signature

Date